



OII Europe submission to the public consultation on enhancing the Strategy for the rights of persons with disabilities up to 2030

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OII Europe (Organisation Intersex International Europe) is the European intersex umbrella organisation with intersex-led member organisations in 20 European countries. OII Europe advocates for the protection of intersex people's human rights, raises awareness of intersex issues in society, e.g., through campaigns during Intersex Awareness Weeks, and supports the growth of the European intersex community together with its growing number of member organisations and allies.

OII Europe is a framework partner to the European Commission and holds expert status with the SOGI Unit of the Council of Europe. Since 2012 OII Europe has been regularly consulted on intersex issues by the Office of the United Nations High Commissioner for Human Rights, the Parliamentary Assembly of the Council of Europe, the Bioethics Committee of the Council of Europe, the European Parliament, the European Commission, the European Union Agency for Fundamental Rights, the European Network of Equality Bodies, the European Commission against Racism and Intolerance (ECRI) and national governments.

The NGO OII Europe was created in 2015, as an extension of a network of the same name set up in 2012, and is based in Berlin.

Contact: **Jana Hugo**(she/her), Senior Policy Officer, jana@oii europe.org

General overview

According to official EU data, in 2024, 24% of the EU population over the age of 16 reported having some form of disability. According to Eurostat estimates, that equals to **107 million people** or **one in four adults in the EU**.

Intersex people are people born with variations of sex characteristics that do not fit the typical definition of male or female. Intersex people are still a largely invisible minority, despite always having existed. Intersex people make up around 1,7% of the population - in terms of percentage of EU residents, that would equate to around **seven and a half million people**, which is more or less the **number of inhabitants of Bulgaria** or over 2 million more than the number of inhabitants of Finland, Ireland or Denmark respectively.

Intersex persons, like all persons, can be born with a disability or can acquire a disability during their lifetime due to illness, an accident or even environmental and social factors. Intersex persons **can also acquire a disability** as a direct result of medically unnecessary, non-consensual interventions on their sex characteristics (also known as **intersex genital mutilation - IGM**)¹. Similarly to persons with disabilities, intersex persons' lived experiences are also often seen through a medical model, as opposed to a social, human-rights based model.²

Intersex persons with disabilities are at risk of **multiple and intersectional forms of discrimination** in all areas of life in the EU. According to the latest FRA LGBTI III survey (2023) data, **16%** of intersex respondents reported having a disability³. In the previous FRA LGBTI II survey (2019), 20.29% said they considered themselves as a "minority in terms of disability", compared to 5.18% of all LGBTI respondents⁴. In FRA's latest report, "*Being Intersex in the EU*", which interpreted the 2023 survey data with an intersectional lens, we can see that in a question that asked respondents about the grounds they perceived to have been the basis for discriminatory acts, **20% of intersex respondents reported their 'disability' as being the reason**⁵.

¹ See the OII Europe Legal Toolkit *Protecting Intersex People in Europe: A toolkit for law and policy makers*, p.30, <https://www.oiiurope.org/protecting-intersex-people-in-europe-a-toolkit-for-law-and-policy-makers/>. See also: OII Europe (2014): *Statement of OII Europe on Intersex, Disability and the UN Convention on the Rights of People with Disabilities*, p. 12 https://oiiurope.org/wp-content/uploads/2015/05/CRPD_2015_Statement_OII_Europe.pdf; see also: *Intersex Russia* (2016), p. 41.

² There are two main models that attempt to explain disability in society: The Medical Model, which views disability as a problem to be fixed or cured, and the Social Model, which sees disability as a result of societal structures and attitudes, focusing on accessibility and inclusion. Intersex persons are either viewed through a pathologizing, medicalising lens, or through a human-rights centered one.

³ See the FRA data explorer: <https://fra.europa.eu/en/news/2024/explore-fras-lgbtiq-survey-data-online>

⁴ See ILGA-Europe & OII Europe Intersex briefing, *Intersections, Diving into the FRA data*, p.4. May 2023. Available at: <https://www.oiiurope.org/intersections-the-lgbti-ii-survey-intersex-analysis/>

⁵ See FRA, *Being Intersex in the EU*, Figure 14, p.26. September 2025. Available at: <https://fra.europa.eu/en/publication/2025/being-intersex-eu>

In 2006, the adoption of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD or Convention) marked a watershed moment in setting minimum standards for rights of persons with disabilities. The EU and Member States are parties to the UNCRPD and are progressing steadily with its implementation. Since then, three EU Member States have already received **intersex-specific recommendations from the UNCRPD**, namely [Belgium](#) (2024), [Sweden](#) (2024) and [Germany](#) (2023).

In early 2021 the European Commission launched its action plan for its second 10-year EU Strategy on the Rights of Persons with Disabilities. The Strategy runs from 2021 to 2030. In the opening remarks of the Strategy, President von der Leyen states that, “it is our obligation, as a community, to ensure their full participation in society, on an equal basis with others.” Furthermore, in 2024, OII Europe welcomed the fact that the mission letter to the Commissioner for equality, preparedness and crisis management, Hadja Lahbib indicated the full implementation of the Disability Strategy and the UNCRPD as a priority.

However, despite the important commitments of the Commission to fully implement such action points **many gaps remain for persons with disabilities in the EU**, including intersex persons with disabilities: this is particularly true in the areas of education, employment and healthcare. Whilst the main competence remains with the Member States in these areas, with the EU occupying a supportive role, the **Commission must lead by example** in its commitment to implement the UNCRPD, including by intensifying its work with other EU institutions to that end.

OII Europe’s submission to the consultation on Enhancing the Strategy on the Rights of Persons with Disabilities aims to outline some of the remaining gaps, and makes recommendations as to how the Commission can best work to stay on track to build a Union of Equality **for all persons in all their diversity**.

Violence & Discrimination

According to the latest Eurobarometer information, **1 in 5 people with disabilities are victims of violence**. Women, the elderly and children, are at greater risk of suffering from violence and abuse, both at home and in care institutions.

Intersectional discrimination takes place on the basis of several personal grounds or characteristics/identities, which operate and interact with each other at the same time with a unique compounding effect, or in such a way as to be inseparable from one another. For **intersex persons with disabilities, multiple identities and experiences intersect** and are coupled with stigma and stereotyping, thereby leading to **unique experiences of victimisation, marginalisation and exclusion**.

Looking at the latest FRA data from the 2023 LGBTIQ III survey, **67% of intersex respondents reported experiencing harassment** because of being intersex. Of those respondents, **12% of intersex people reported** that the perceived reason(s) for having experienced harassment besides being LGBTI in the past 12 months, was **due to having a disability** . Combining these figures with the latest Eurobarometer statistics which show that 54% of people with disabilities feel discriminated against, we can clearly see that the rights situation of intersex persons with a disability remains worrying.

To this end, we urge the Commission to:

- **Conduct a study on how persons with disabilities are affected by hate speech (including online), hate crime and cyberbullying,** and the legal framework of Member States in this regard. This should include **persons with disabilities in all their diversity**, such as intersex persons with a disability, including less visible disabilities and those living in segregating institutions. This will contribute to other Commission initiatives on combating hate speech and hate crime and the discussion in the Council on extending EU crimes to hate speech and hate crime.

Equal Treatment Directive

A key legislative proposal on the table currently is the **Proposal for a Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age, or sexual orientation** (COM(2008)426 final 2008/0140 (CNS)) - commonly referred to as the Equal Treatment Directive⁶.

The Directive aims to ban discrimination on the grounds of religion, **disability**, age, and sexual orientation in **key areas**: social protection (including social security and healthcare), education, and access to goods and services, including housing.

However, in 2025, the European Commission proposed to scrap the Directive, due to it having been blocked in the Council negotiations. While the Commission has since decided to **reverse that decision**, the message that it sent to those living with a

⁶ <https://data.consilium.europa.eu/doc/document/ST-8616-2024-REV-1/en/pdf>

disability and the organisations representing them, was one of a **lack of commitment from the Commission to fulfilling its commitment to building a Union of Equality.**

For over 16 years, **marginalised communities such as intersex persons with a disability, have waited for stronger protections**, if Europe is to remain a global champion of human rights. We believe that greater ambition is required than simply moving forward with the proposal in its current form.

To this end, we urge the Commission to:

- strengthen and raise the quality of the Directive in the negotiations going forward by working with Member States, as well as the Parliament and civil society, to ensure that **persons with disabilities are protected from discrimination when accessing healthcare, housing, education and goods and services**; such a Directive would **prohibit disability-based discrimination** as required by the CRPD, including direct and indirect discrimination, multiple forms of discrimination, discrimination by association, and the failure to provide reasonable accommodation, as well as the failure to provide accessibility when mandated by EU or national legislation.

Healthcare

Intersex people's health is often jeopardised from an early age. Despite the increased visibility of both intersex people and the human rights violations they face in recent years, **intersex people still encounter taboo and stigma in their everyday lives.** Many intersex people face severe trauma from the non-consensual medical or surgical interventions they were subjected to, which can significantly worsen their long-term health outcomes. The complications and physical impairments related to these high-risk interventions are well known among surgeons and have been discussed in many medical articles over the past decades. However, this has not led to the rejection of these interventions by medical experts⁷.

Intersex persons with disabilities, as well as LGBTI persons with disabilities in general, face **significant barriers** in accessing healthcare services, often exacerbated by the fact

⁷ See the OII Europe Legal Toolkit, *Protecting Intersex People in Europe: A toolkit for law and policy makers*, p.30, <https://www.oiiurope.org/protecting-intersex-people-in-europe-a-toolkit-for-law-and-policy-makers/>, page 23.

that the person is intersex (see statistics below). Discrimination in healthcare settings can take many forms, from lack of access to buildings due to having a disability, or high rates of medicalisation, pathologization, inappropriate curiosity or comments from healthcare providers due to being intersex. In the latest FRA LGBTIQ III survey, intersex persons reported **the highest levels of difficulty in accessing healthcare**, compared to other respondents:

- 22% of intersex respondents reported **experiencing discrimination** in healthcare settings
- 26% of intersex respondents reported **avoiding healthcare services**, and
- 20% of intersex respondents reported experiencing **difficulties in emergency care** (the highest of all respondent categories).
- 43% of intersex respondents reported experiencing **discrimination in sexual healthcare**
- 39% of intersex respondents reported experiencing **discrimination in mental healthcare**
- 8% of intersex respondents were **refused healthcare altogether**.

These findings paint a clear picture of the significant barriers that intersex persons in the EU face in accessing healthcare. These difficulties are further exacerbated for intersex persons with a disability. These data point to **serious structural issues** across healthcare systems that make LGBTI people with disabilities less likely to seek care, even in emergency situations, for fear of discrimination.

To this end, we urge the Commission to:

- **collect disaggregated survey data** through Eurobarometer on mental health and wellbeing of people throughout the European Union; explore how **intersectional groups**, like intersex persons with disabilities, are particularly impacted by mental health problems, and the impact that mental health can have on material wellbeing and one's place in society, **particularly for young and older people with disabilities**.
 - The survey should be carried out on a regular basis to ensure the **monitoring of trends**. The questions presented in the Eurobarometer survey should be designed in collaboration with independent organisations working on mental health, and the rights of minority groups (e.g. LGBTIQ rights, Disability Rights).
- include **questions on disability as well as SOGIESC**, from an experience-based perspective in the **European Health Interview Survey** which will be conducted again in 2027 by ESTAT. Experience-based questions

will better capture the experiences of intersex people (e.g. “do you have a variation of sex characteristics?) rather than identity-based questions (e.g. “are you intersex”), as being intersex refers to a bodily reality and not all intersex people identify as intersex.

Education

Intersex people with disabilities are at risk of multiple and intersectional forms of discrimination in all areas of life in the EU, this is particularly true in the area of education. Challenges relate to: **bullying, hate speech, physical and psychological violence, including marginalisation and exclusion.** This has lifelong impacts and for intersex persons with a disability, is exacerbated.

Eurobarometer data shows that **1 in 5 persons with a disability leave school early.** The rate of early school-leaving is double for people with a disability compared to non-disabled people.

On an even more alarming level, intersex individuals also face educational impairments directly linked to the **violation of their bodily integrity** and to the trauma related to mistreatment by medical practitioners, as well as to the taboo and shame that is inflicted upon them. Most instances of IGM are performed at an early age, and lead to **several follow-up operations over the years**, which necessitate time away from school.⁸ Some children drop out of school as a result of this long-term recovery process. Non-consensual, unwanted hormonal treatment (in childhood or in puberty) related to having a variation of sex characteristics, with the aim of altering the body towards the assigned sex, has also been reported to coincide with a decrease in school grades.

As a result, these **intersex children and young adults, especially those with a disability**, may face significant difficulties in obtaining a higher education degree, or remaining in education, and are therefore **at risk of poverty and homelessness when growing older.** Intersex people who manage to achieve higher education still struggle with the combined impact of the human rights violations they experienced and the discrimination they still face in adulthood.⁹

⁸S. Monroe, D. Crocetti, T. Yeadon-Lee, with F. Garland and M. Travis (2017): Intersex, Variations of Sex Characteristics and DSD: The Need for Change. University of Huddersfield, p. 51. Available at: <https://eprints.hud.ac.uk/id/eprint/33535/1/Intersex%20Variations%20of%20Sex%20Characteristics%20and%20DSD%20%20the%20Need%20for%20Change%20report%20Oct10.pdf>

⁹ See: The Netherlands Institute for Social Research Living with intersex/DSD. An exploratory study of the social situation of persons with intersex/DSD. Written by Jantine van Lisdonk. Appendix B Prevalence table for intersex/dsd, p. 42. Available at: https://www.researchgate.net/publication/290446986_Living_with_intersexDSD_An_exploratory_study_of_the_social_situation_of_persons_with_intersexDSD

Additionally, **sexuality and affective health education** does not take into account that intersex bodies/ bodies other than the so-called “male” or “ female” bodies exist, and thus increases the feeling of shame, secrecy, not existing at all or being a fraud at a particularly vulnerable age. Persons with disabilities face similar erasure and feelings of shame in this area of education, differently abled bodies and their experiences of sexuality are also not mentioned. **For intersex persons with disabilities**, this experience is further exacerbated and their experiences are never reflected in curricula on the subject. It is incredibly important that education curricula in this area take an intersectional approach, using examples and **testimonies of persons in all their diversity**.

Whilst we recognise that the **EU does not have competence to legislate** in this area, **we still call on the Commission to:**

- clearly **identify challenges faced** by intersex persons with disabilities in education, and to request that the Member States address these challenges, for example by **issuing guidance** to Member States on comprehensive sexuality education that is inclusive of these groups
- encourage Member States to address education-related challenges directly in their **National and Regional Partnership Plans**.
- facilitate **good practice exchange** between Member States, the Commission and relevant CSOs on comprehensive sexuality education.

Employment

Persons with disabilities face a much **higher risk of poverty or social exclusion** than persons without disabilities (28% versus 18%, according to Eurobarometer statistics). Intersex persons, compared to endosex respondents, **are twice as often unemployed** (10% to 5%), and the rate of those **unable to work due to health reasons** is **three times higher in intersex** than in endosex respondents (6% to 2%) according to the latest FRA data. **For intersex respondents belonging to a minority group it is seven times higher** (14%).

Increasing the participation of persons with disabilities, including intersex persons with disabilities in the labour market is also an essential element of working towards achieving the social targets outlined in the **European Pillar of Social Rights Action Plan**, which serves as a compass for employment and social policies. However, evidence points to especially **limited progress** in the area of employment despite the

considerable efforts that were made to improve the situation during the first half of the Strategy.

As is clear from the shifting EU priorities to focus more on EU **competitiveness, productivity and economic growth**, ensuring that barriers which prevent persons with disabilities - **including intersex persons with disabilities** - from accessing the labour market, be removed, must be a top priority.

We therefore urge the Commission to:

- recommit to supporting Member States to **strengthen practices that help increase meaningful employment of persons with disabilities**, including in the open labour market, through the issuance of detailed guidance, following consultation with civil society.

Housing, wellbeing & socioeconomic conditions

Intersex people with disabilities, particularly those with intersectional lived experiences such as also having a trans experience or who are part of an ethnic minority are shown to be **more likely to experience homelessness and economic hardship**¹⁰.

In general, persons with disabilities have a **higher risk of poverty or social exclusion (28.4%)** according to Eurobarometer statistics. When looking at the FRA LGBTIQ III survey data from 2023, **intersex respondents** are **30 times more likely** to have had to **sleep rough in a public space** at least once in their life, compared to the general population (6% vs. 0.2%). This number rises to **45 times more** when those intersex respondents belong to a **minority group** (9% vs. 0.2%).

Independent living, quality social and employment services, accessible and inclusive housing, participation in lifelong learning, **adequate social protection** and a strengthened social economy are indispensable for decent living for all persons with disabilities, including intersex persons with a disability. Yet too many barriers still remain in place, and the EU-wide statistics on poverty and homelessness for intersex persons and persons with disabilities, remain worrying.

¹⁰See page 2, ILGA-Europe and European Disability Forum Policy recommendations on intersectionality between disability and Lesbian, Gay, Bisexual, Transgender, and Intersex (LGTBI), published 10.12.2024, Available at: <https://www.edf-feph.org/publications/policy-recommendations-disability-lgbti/>

By ratifying the UN Convention on the Rights of Persons with Disabilities (CRPD), the EU committed to **supporting deinstitutionalisation**—i.e., the abolition of all living arrangements that restrict people with a disability's choice and control over their lives. This obligation is reinforced by the European Strategy on the Rights of Persons with Disabilities and by the Commission's Guidance to Member States on Independent Living and Inclusion in the Community¹¹.

Following the launch of the European Affordable Housing Plan in December 2025, it is concerning to note that the European Commission **has paid little attention to accessibility in the actions laid out in the plan.**

To this end, we urge the Commission to:

- work with EU institutions and the Member States to **set clear rules on accessibility** and to **mainstream accessibility** through all EU funding going towards housing, particularly through the National and Regional Partnership Plans.

Asylum

In 2024, the European Union adopted the CEAS, a long-debated framework introduced amidst mounting political pressure to tighten migration controls. While the Pact on Asylum and Migration aims to standardise asylum procedures across Member States, it prioritises border security at the expense of **safeguarding vulnerable groups**, such as **persons with disabilities and intersex persons**, for whom the situation is particularly alarming, and who often require more time to feel safe enough to reveal their specific vulnerabilities¹².

Many intersex people across Europe, Central Asia and the MENA region are forced to flee their homes to seek safety and protection from violence. Intersex refugees and asylum seekers, along with LGBTQ refugees and asylum seekers, **face heightened**

¹¹ The guidance is part of one of the flagship initiatives of the Strategy for the Rights of Persons with Disabilities 2021-2030, and provides practical recommendations to Member States on the use of EU funding to accelerate the transition from institutional care to community-based services and independent living for persons with disabilities.

¹² For more information please see the OII Europe Intersex Refugees & Asylum Seekers Toolkit, page 30. Available here: <https://www.oii-europe.org/wp-content/uploads/2024/03/RASTK-web.pdf>

levels of violence and discrimination, both because they are intersex/ have diverse SOGIESC as well as the fact that they are refugees. Intersex persons with disabilities' situation is further exacerbated in these cases, adding to their vulnerability. OII Europe has worked together with the European Asylum Agency (EUAA) in the development of key standards and implementation guidelines that seek to address the needs of specific vulnerable groups such as applicants with diverse SOGIESC.

To this end, we urge the Commission to:

- **work hand in hand with the EUAA to adopt specific guidelines on applicants with disabilities.** The guidelines should include a **strong intersectional focus**, and mention the need for specialised support and enhanced training for asylum officials and Member State authorities who interact with applicants with disabilities, including those with intersectional experiences (e.g. intersex persons with a disability, children and older persons with a disability).
- **ensure that the implementation of the Pact includes a strong disability perspective**, as the Migration Pact continues to be rolled out, with the transposition deadline set to June 2026.
- ensure that the Pact **remains compliant with the CRPD** and the EU Charter on Fundamental Rights.